SINGLE TRIP PERMIT APPLICATION to transport a mobile home and / or modular building section						=	Original Trip Log NoFor Dept./Commercial Permit Service Use ONLY							
MV2601 7/2004 s.348.26(4) Wis. Stats.						=	Return Trip Cancellation Mail To: Wisconsin Department of Transportation Permi						Dermit I Init	
www.dot.wisconsin.gov/business/carriers/osowgeneral.htm							locilation	F	P. O. Box	7980		ъронацон	remiii omi	
Section A - Co	•			•						VI 53707-	7980			
Section A - Customer Please print clearly or type. 1. Permit Customer No If Available						Telephone: 608-266-7320 Desired Effective Date								
PC-							Valid for two (2) weeks							
2. Legal Name - Vehicle Owner or Lessee							Doing Business As (D/B/A)							
Mailing Address						Fede	Federal Employer Identification No. Social Security No. (. (Optional)			
City			State Zip Code			U.S.	U.S. DOT Number				WI Account No.			
(Area Code) Business Telephone No.				County		Cont	Contact Name for DOT to call if questions / (Area Code) Telepho) Telephor	ne No.	
Section B - Lo	oad Mobile	Home		Modu	lar Building	Section	Serial No.:							
Section C - Ve		ate and \	/IN must	be identi	fied - Driv	/e axle n	nust have	e dual whe	eels.					
Plate State Vehicle Identification No. (Vaan		Make		Axles	Unit	
T Idio	, late		. Smole recruited				Tru	ck-tractor	rour	Mario		/ txioo	O'iii	
Towed Vehicle - Mobile Home Serial Number								State	Year		М	ake		
Modular Building Section Towed On Dollies Undercarriage		License or Vehicle Identification No.												
Other:		Length Width					eight							
Section D Size		Feet Inches		Feet Inches		Feet	Inches							
Roof														
Towed Vehicle below Roof														
Overall														
Section E Ins Group A Per 13 1/2 ft. high, Level Requi	mitted dimensi 100 ft. long, 12 ired: Combine	ions canno 25% of sta d Single Li	ot exceed: atutory GV imit \$750,	12 ft. wid W 000	le,	[Group E	e and effective	l dimensio	ns: Dimer	nsions exc	eeding Gr	oup A	
Section F - A	xle Weight / 3	Spacing -	Not appl	icable to	this form									
Section G - Tr	1			T:										
Original		fillage, Township To City, Villag			Village Tov	wnship	Via	Highways						
Trip	Via Highways - continued													
Return		If return trip is requested, are the return dimensions and route (in reverse direction) the same as the "Original Trip"?												
Trip	Yes No, On a second application, check Return Trip box at top, complete Section A Items 1 and 2, and Sections D, E, and G.													
NOTE: Single t Madison Office,					_		nay be issu	ied only by	the Wisc	onsin Depa	artment of	Transport	ation's	
FOR DEPTUSE ONLY						A	cceptance	of Condi	tions: I,	the custor	mer or aut	horized a	gent,	
Permit Number					ce	certify that the statements contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions								
Revised / Amended Permit Number						th	at apply.							

(Customer or Authorized Agent)

(Date)